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Office Use Only



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COVER LETTER

Division of C			
FNBC F SUBJECT:	lorida, LLC		
30000.01.	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing	
Please return all corres	spondence concerning this matter	to the following:	
	Donna Greslo		
		Name of Person	
	FNBC Florida		
		Firm/Company	
	1405 N Congress Suite 11		
	<u></u>	Address	
	Delray Beach, Fl 33445		
	dgreslo@fnbeflorida.com	City/State and Zip Code	
	E-mail address* (to be used for future annual report noti	ficution)
For further information	reoncerning this matter, please c	all:	
Donna Greslo		561 265-1400 at ()	
Nam	e of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

FNBC Florida LLC			-SEE, FLORIDA
(Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears on our raility Company)	ecords.)	
the Articles of Organization for this Limited Liability Company we lorida document number <u>LV70000</u> 22720	re filed on 1 / さ	0/17	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability	y company here:		
he new name must be distinguishable and contain the words "Limited Liability C	Company," the designation	"LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
_			
nter new mailing address, if applicable:			
Muiling address MAY BE A POST OFFICE BOX)			
_			
3. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	e address on our rec	ords, <u>enter</u>	the name of the i
Name of New Registered Agent:			
New Registered Office Address:		_	
	Enter Florida street o	iddress	
		_, Florida	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Kevin Anderson	1405 N Congress Ave Suite II De Vax	A Beach SyldS ■ Add
			□ Remove
			Change
		-	🗖 Add
			□ Remove
			· Propose Ti
			EF COMMON STATE
			□ Remove
			□ Change
			Remove
			□ Change
			Remove
			□ Change

If amending any other in		ange(s) here: (Atta	ch additional sheets, if	necessary.)	FILE AN SA
				Sold Al	ARY OF STATE
				TALLAHA	AAYOS
	·			ş.	SEE, FLORIS
					
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					-170-170
Effective date, if other the (If an effective date is listed, the date inserted in document's effective date or	late must be specific and c this block does not me	cannot be prior to date of cet the applicable stat	filing or more than 90 days:	ptional) after filing.) Pursual this date will not	nt to 605.0207 (3) be listed as the
the record specifies a de The 90th day after th	elayed effective da le record is filed.	ate, but not an ef	fective time, at 12:0	1 a.m. on the	earlier of:
Dated Spuil	<i>io</i> .	<u> 2017</u> . W Guest r			
	. 1 323214 100		resentative of a member		
	Donna	Typed or printed name of	Colomon		

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Filing Fee: \$25.00